

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total <u>5</u> pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u>	FIRST <u>Linda</u>	MI <u>C</u>
	NICKNAME <u>Anthony</u>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1500 Old Wagon Rd West Lake Hills, Tx 78746</u>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: <u>(512)</u> PHONE NUMBER: <u>327-3628</u> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MS</u>	FIRST <u>Linda</u>	MI <u>C</u>
	NICKNAME <u>Anthony</u>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1500 Old Wagon Rd West Lake Hills, Tx 78746</u>		
	8 CAMPAIGN TREASURER PHONE AREA CODE: <u>(512)</u> PHONE NUMBER: <u>327 0146</u> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>04</u> 05 / <u>28</u> ³⁰ / 2022 THROUGH <u>07</u> / <u>15</u> / 2022		
11 ELECTION	ELECTION DATE Month Day Year <u>05</u> / <u>07</u> / 2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <u>Mayor</u>	13 OFFICE SOUGHT (if known) <u>Mayor</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Linda Anthony</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4,000.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>165.00</i>

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME <i>Hinda Anthony</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/16/2022</i>	5 Payee name <i>Hinda Anthony</i>
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6 Amount (\$) <i>\$4,000.00</i>	7 Payee address; City; State; Zip Code <i>1500 Old Wagon Rd West Lake Hills TX 78746</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>repay candidate for campaign expenses paid from personal funds</i>	(b) Description <i>legal retainer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <i>1</i>
2 FILER NAME <i>Linda Anthony</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/9/2022</i> <i>postmarked</i>	5 Name of person from whom amount is received <i>Jeff Taylor</i>	8 Amount (\$) <i>\$165.00</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>1109 Yaupon Valley Rd Westlake Hills Tx 78746</i>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>reimbursement for court appellate court filing fee</i>		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

BUTLER |

April 29, 2022

Doug W. Ray
RAY & WOOD
300 Beardsley Lane,
Suite B-100
Austin, Texas 78746
(512) 328-8877 (Tel)
(512) 328-1156 (Fax)
dray@raywoodlaw.com

Via U.S. Mail

Re: In re Anthony, Cause No. 22-0193 in the Supreme Court of Texas

Mr. Ray,

In compliance with the decision and certified bill of costs issued by the Court in the above-referenced matter, enclosed please find a \$165.00 check from my client, Real Party in Interest Mr. Jeffrey Taylor, payable to your client, Relator Ms. Linda Anthony. This matter is now final.

Sincerely,

BUTLER SNOW LLP



Amanda G. Taylor

CC: Client _____

IN THE SUPREME COURT OF TEXAS

NO. 22-0193

IN RE LINDA ANTHONY

BILL OF COSTS

Petition for Writ of Mandamus

Type of Fee	Charges	Paid	By
Miscellaneous Motion	\$10.00	\$10.00	Linda Anthony
Petition for Mandamus	\$155.00	\$155.00	Linda Anthony

Balance of costs owing to the Supreme Court of Texas: **0.00**

Relator shall recover and Real Party in Interest shall pay, the costs incurred in this Court, in this cause.

I, **BLAKE A. HAWTHORNE, CLERK** of the Supreme Court of Texas, do hereby certify that the above and foregoing is a true and correct copy of the cost bill of the Supreme Court of Texas, showing the charges and payments, in the above numbered and styled cause, as the same appears of record in this office.



with the seal thereof annexed, at the City of Austin,
this the 22nd day of April, 2022.

BLAKE A. HAWTHORNE, Clerk

A handwritten signature in cursive script that reads "Blake A. Hawthorne".

By Monica Zamarripa, Deputy Clerk

4/29/2022
Date

30-9/1140
0

Pay To The Order Of Linda Anthony \$ 165.00
One hundred sixty five and 00/100 Dollars



For _____

[Handwritten Signature]

MP

⑆ 14000093⑆

⑆ 59 1958 29 ⑆

Harland Clarke